

Mail to: 1001 Willow Street, Chico, CA 95928

Website: www.chiphousing.org | E-mail questions to: CHIPgeneral@chiphousing.org

Phone: (530) 891-6931 or Toll Free 1-888-912-4663 | Fax: (530) 891-8547



Pre-Screening Process

CHIP will contact you as soon as your pre-application is screened. **Please be patient.** To advance in the screening process, you must complete all items and attach copies of all applicable documentation. Please notify us in writing if you change your address, phone number, or any other information.

Any CHIP employee, board member, associate member, or family of any of the previously stated must submit a written request with their application. The application will be suspended until it is approved by the CEO/President of CHIP.

SEND COPIES ONLY WITH YOUR PRE-APPLICATION / ALL COPIES MUST BE LEGIBLE

- \$39.00 money order** payable to CHIP for a credit report for each single applicant or **\$57** for married applicants. **CHECKS NOT ACCEPTED.**
- Copies of Pay Stubs FOR ALL WAGE EARNERS (18 or older)** in the home, for the last 2 months.
- Copy of front and back of picture ID, such as a driver's license and resident alien card if applicable.**
- Copies of signed Form 1040 Federal Income Tax Returns and W2's** for the last 2 years for all adults in household.
Include: Schedule C if self-employed, Unemployment, Disability, Social Security or Supplemental Security Income (SSI). **If you did not file taxes please include a signed explanation.**
- Copies of bank statements for the last 2 months**, all pages for all open accounts.
 If you do not have any bank accounts Please check: _____ I do not have any bank accounts.
- Copies of all recent **benefit award letters FOR ALL HOUSEHOLD MEMBERS.**
Includes: Unemployment, Disability, Social Security, Supplemental Security Income (SSI), Calfresh, Calworks, Cash Aide, Workers Compensation, Military Income, and Veterans Benefits.
- Copy of school schedule** for anyone in home 18 yrs. or older, that are **full time** students.

APPLICANT		CO-APPLICANT (SPOUSE or OTHER)	
First Name / Middle Initial / Last Name		First Name / Middle Initial / Last Name	
Social Security Number	Phone number <input type="checkbox"/> cell <input type="checkbox"/> home	Social Security Number	Phone number <input type="checkbox"/> cell <input type="checkbox"/> home
E-mail address: _____		E-mail address: _____	
Date of Birth	Age	Years of School	Date of Birth
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, <input type="checkbox"/> Legally Separated divorced, widowed)		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, <input type="checkbox"/> Legally Separated divorced, widowed)	
Are you a U.S. citizen? _____ Yes _____ No		Are you a U.S. citizen? _____ Yes _____ No	
Do you have Permanent U.S. Residency Status? _____ Yes _____ No		Do you have Permanent U.S. Residency Status? _____ Yes _____ No	
If yes, send copy of front & back of Permanent Resident card.		If yes, send copy of front & back of Permanent Resident card.	
Number of Dependents _____ (do not include co-applicant)		Do you pay Child Care ? If yes, how much? \$ _____ / mo.	
Age of the Boys _____ Ages of the Girls _____		Do you receive child support? No ___ Yes ___ Amount: \$ _____ / mo.	
Current Address (Two Year History Needed)		Previous Address	
How long have you lived at your current address? _____ Years _____ Months		How long did you live at your previous address? _____ Years _____ Months	
<input type="checkbox"/> Owner <input type="checkbox"/> Renter \$ _____ Monthly Rent Paid		<input type="checkbox"/> Owner <input type="checkbox"/> Renter \$ _____ Monthly Rent Paid	
Current Address		Previous Address	
City / State / Zip Code		City / State / Zip Code	
Address where you want to receive correspondence:			
Current Landlord (Two Year History Needed)		Previous Landlord	
Current Landlord's Name		Previous Landlord's Name	
Phone Number ()		Phone Number ()	
Current Landlord's Mailing Address		Previous Landlord's Mailing Address	
City / State / Zip Code		City / State / Zip Code	
Applicant's Current Employment		Co-Applicant's Current Employment	
IMPORTANT: If you work for more than one employer, list all planned employment for upcoming year. Also, if current job is less than 2 years complete previous employment section also.			
Are you an agricultural worker? _____ Yes _____ No		Are you an agricultural worker? _____ Yes _____ No	
Company:		Company:	
Phone ()	Fax ()	Phone ()	Fax ()
Address:		Address:	
City / State / Zip:		City / State / Zip:	
Start Date:	How many months per year?	Start Date:	How many months per year?
Occupation	Gross Monthly Income	Occupation:	Gross Monthly Income:
Company:		Company:	
Phone ()	Fax ()	Phone ()	Fax ()
Address:		Address:	
City / State / Zip:		City / State / Zip:	
Start Date:	How many months per year?	Start Date:	How many months per year?
Occupation:	Gross Monthly Income:	Occupation:	Gross Monthly Income:



Community Housing Improvement Program, Inc. is an equal opportunity provider and employer.



Co-Applicant:

- American Indian or Alaska Native
- American Indian or Other Pacific Islander
- Asian
- White
- Black or African American
- Other (specify) _____

Applicant:

- American Indian or Alaska Native
- American Indian or Other Pacific Islander
- Asian
- White
- Black or African American
- Other (specify) _____

Co-Applicant:

- Hispanic or Latino
- Not Hispanic or Latino
- Company:
- Female
- Male

Applicant:

- Hispanic or Latino
- Not Hispanic or Latino
- Female
- Male

Ethnicity:

Gender:

Applicant: do not wish to furnish this information
Co-Applicant: do not wish to furnish this information

Optional Information Regarding Ethnicity, Race, and Gender

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Co-Applicant Signature By signing I authorize CHIP to do a credit check.

Date

Applicant Signature By signing, I authorize CHIP to do a credit check.

Date

Please initial: Applicant _____ Co-Applicant _____
The Self-Help Construction Program requires 30 hours a week participation in the construction of the homes.

Which member(s) of your household entitles you to this deduction?

Do you want to be considered for an adjustment from household income because of a disabling condition? YES NO

How did you hear about our program?

If yes, who?

Are you related to a CHIP employee? YES NO

Are you a CHIP employee?

Are you obligated to pay alimony, child support, separate maintenance? YES NO

Are you a party to a lawsuit?

Are you a co-signer or endorser on a note? YES NO

Have you had property foreclosed due to lack of payments? YES NO

Have you declared bankruptcy in the last 3 years? YES NO

Please check here if your home burned in the Camp Fire, but you are still owner of your lot and would like to rebuild a home on your lot with the help of CHIP's mutual self-help housing program.

Have you owned a home in the last 3 years? YES NO

Do you currently own a home, including a mobile home? YES NO
Do you currently own any land? YES NO

What is your preferred language? Written Spoken

THESE QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

Amount Received	\$ _____	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>	Name of Recipient	Type of Benefit
Amount Received	\$ _____	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>	Name of Recipient	Type of Benefit
Amount Received	\$ _____	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>	Name of Recipient	Type of Benefit
Amount Received	\$ _____	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>	Name of Recipient	Type of Benefit

Report all other income that you receive such as Unemployment, Disability, Child Support (12 mo payment history), Alimony, etc. Include: Schedule C if self-employed, Unemployment, Disability, Social Security, Supplemental Security Income (SSI), Copies of bank statements for the last 2 months, all pages for all open accounts.

Other Income During the Year

Previous Company:	Address:	City / State / Zip:	Start Date:	End Date:	Occupation:	Gross Monthly Income:
Previous Company:	Address:	City / State / Zip:	Start Date:	End Date:	Occupation:	Gross Monthly Income:
Previous Company:	Address:	City / State / Zip:	Start Date:	End Date:	Occupation:	Gross Monthly Income:
Previous Company:	Address:	City / State / Zip:	Start Date:	End Date:	Occupation:	Gross Monthly Income:

Previous Employment

Previous Employment

**United States Department of Agriculture
Rural Development
Rural Housing Service**

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____

Account or Other Identifying Number

Name of Customer

I have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering me for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature Date

Signature Date

Signature Date

Signature Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless as displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. et seq.), or by other laws administered by RHS, RBS, or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto. disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto. if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Disclosures may be made of names, home addresses, social security numbers, and financial information to business firms in a trade area that buy chattel or crops or sell them for commission. This is an order that the agency may benefit from the purchaser notification provisions of section . 1324 of the Food Security Act of 1985 (7 U.S.C. 163(c)). The Act requires that potential purchasers of farm commodities must be advised ahead of time that a lien exists in order for the creditor to perfect its lien against such purchases.
4. Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).
5. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to 42 U.S.C. 1479(d), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
6. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when the agency determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.
7. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when:
(a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided~ however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
8. Referral of name, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when the agency determines such referral is appropriate to encourage the borrower to refinance their RHS indebtedness as required by title V of the Housing Act of 1949, as amended (41 U.S.C. 1471).
9. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations and under the authority contained in 31 U.S.C. 3720A.
10. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by the agency in order to collect debt under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
11. Referral of names, home addresses, and financial information to lending institutions when the agency determines the individual may be financially capable of qualifying for credit with or without a guarantee.
12. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as the agency for the purpose of the collection of the debt by the agency or the other lender. These loans can be under the direct and guaranteed loan programs.
13. Referral to private attorneys under contract with either the agency or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts, in connection with the agency.
14. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof, or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
16. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, state wage information collection agencies, and other Federal, state, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
17. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when the agency determines such referral is appropriate for developing packaging and marketing strategies involving the sale of agency loan assets.

Please list all household members:

Por favor ponga en lista las personas que viviran en casa:

NAME (First, Last) <i>Nombre (Primer, Apellido)</i>	Age <i>Edad</i>	RELATIONSHIP TO APPLICANT(S) <i>Relacion al solicitante</i>

APPLICANT / SOLICITANTE

DATE / FECHA

CO APPLICANT / CO-SOLICITANTE

DATE / FECHA

CO APPLICANT / CO-SOLICITANTE

DATE / FECHA